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REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3		SBURSE Authorized Cor				Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN	•	example: If typin over the lines.	g, type	12FE4M5	
FRIENDS OF HAG	SEDORN					
ADDRESS (number and stre		ITER PLZ STE 007				
Check if different than previously reported. (ACC)	MANKATO				MN	56001-7710
2. FEC IDENTIFICATIO	ON NUMBER ▼	CITY ▲		(STATE A	ZIP CODE
C C00550707		3. IS THIS REPORT	× NEW	OR	AMEND (A)	STATE ▼ DISTRICT MN 01
X July 15 Quart	terly Report (Q1) terly Report (Q2) Quarterly Report (Q3) fear-End Report (YE)	Election o	ST-Election Rep	12C) port for the:	General (1 Special (12 Y Y Y Y Runoff (30	in the State of R) Special (30S)
5. Covering Period	M M M / D D D 01	2015	through	M M M 06	/ D D /	2015
I certify that I have examir Type or Print Name of Tre		o the best of my l	knowledge and	belief it is tru	ie, correct and	l complete.
Signature of Treasurer	DOUGLAS R HITZEM	ANN	[Electronically I	Filed] D	ate 07	15 / 2015
	erroneous, or incompl	ete information may	y subject the per	son signing tl	his Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

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Write or Type Committee Name FRIENDS OF HAGEDORN

the Committee (Itemize all on

Schedule C and/or Schedule D).....

06 30 2015 01 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 42264.91 46264.91 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 42264.91 46264.91 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 15267.19 20724.63 (from Line 17) (b) Total Offsets to Operating 333.70 359.20 Expenditures (from Line 14)..... (c) Net Operating Expenditures 14933.49 20365.43 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 35277.49 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY

For further information contact:

31583.52

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

FRIENDS OF HAGEDORN

Report Covering the Period: From: 04 01 2015 To: May 7 2015

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11. C	ONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	37560.00	41560.00	
	(ii) Unitemized	2350.00	2350.00	
	(iii) TOTAL of contributions from individuals	39910.00	43910.00	
(b	,	0.00	0.00	
(C) Other Political Committees (such as PACs)	0.00	0.00	
(d (e) TOTAL CONTRIBUTIONS	2354.91	2354.91	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	42264.91	46264.91	
	RANSFERS FROM OTHER UTHORIZED COMMITTEES	0.00	0.00	
	DANS:			
(a) Made or Guaranteed by the Candidate	8583.52	11583.52	
(b	,	0.00	0.00	
(C) TOTAL LOANS (add Lines 13(a) and (b))	8583.52	11583.52	
	FFSETS TO OPERATING XPENDITURES	200 70		
(F	Refunds, Rebates, etc.)	333.70	359.20	
	THER RECEIPTS Dividends, Interest, etc.)	0.00	0.00	
11	OTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	51182.13	58207.63	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	15267.19	20724.63
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	1071.99	3960.30
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	16339.18	24684.93
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	434.54
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	51182.13
25.	SUBTOTAL (add Line 23 and Line 24)		51616.67
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	16339.18
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		35277.49

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF 34 Use separate schedule(s) (check only one) 11a 11d 11b 11c 12

for each category of the ITEMIZED RECEIPTS Detailed Summary Page 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) **DEBORAH COLLIS** Date of Receipt Mailing Address 11564 GREAT RIVER ROAD 06 2015 23 City State Zip Code Transaction ID: SA11AI.5724 MN 56345 LITTLE FALLS FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1000.00 Name of Employer Occupation Nurse Receipt For: 2016 Election Cycle-to-Date Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) NOEL COLLIS Date of Receipt Mailing Address 811 SE 2ND ST 05 14 2015 Citv State Zip Code Transaction ID: SA11AI.5675 LITTLE FALLS MN 56345 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2500.00 Name of Employer Occupation **SELF DOCTOR** Receipt For: 2016 Election Cycle-to-Date | Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) NOEL COLLIS Date of Receipt Mailing Address 811 SE 2ND ST 2015 23 City Zip Code State Transaction ID: SA11AI.5722 MN LITTLE FALLS 56345 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. -800.00Name of Employer Occupation **SELF DOCTOR** MEMO Redesignatted Below Receipt For: 2016 Election Cycle-to-Date [MEMO ITEM] | Yrimary General Other (specify) 1700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 6 OF 34 (check only one) $\overline{X}|_{11a}$ 11d 11b 11c Detailed Summary Page 12 13a 13b 14

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) **NOEL COLLIS** Date of Receipt Mailing Address 811 SE 2ND ST 06 2015 23 City State Zip Code Transaction ID: SA11AI.5723 MN 56345 LITTLE FALLS FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 800.00 Name of Employer Occupation MEMO Redesignated **SELF DOCTOR** Receipt For: 2016 Election Cycle-to-Date [MEMO ITEM] X General Primary 2500.00 Other (specify) Full Name (Last, First, Middle Initial) NOEL COLLIS Date of Receipt Mailing Address 811 SE 2ND ST 23 2015 Citv State Zip Code Transaction ID: SA11AI.5774 LITTLE FALLS MN 56345 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation **SELF DOCTOR** MEMO - See Redesignation Receipt For: 2016 Election Cycle-to-Date | Primary General 3500.00 Other (specify) Full Name (Last, First, Middle Initial) NOEL COLLIS Date of Receipt Mailing Address 811 SE 2ND ST 2015 29 City State Zip Code Transaction ID: SA11AI.5758 MN LITTLE FALLS 56345 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. -1000.00 Name of Employer Occupation **SELF DOCTOR** MEMO Redesignated Below Receipt For: 2016 Election Cycle-to-Date [MEMO ITEM] | Primary General 2500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Other (specify)

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) $\overline{X}|_{11a}$ 11b 11d 11c 12

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for each category of the ITEMIZED RECEIPTS Detailed Summary Page 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) **NOEL COLLIS** Date of Receipt Mailing Address 811 SE 2ND ST 06 29 2015 City State Zip Code Transaction ID: SA11AI.5759 MN 56345 LITTLE FALLS FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1000.00 Name of Employer Occupation MEMO Redesignated **SELF DOCTOR** Receipt For: 2016 Election Cycle-to-Date [MEMO ITEM] Primary X General 3500.00 Other (specify) Full Name (Last, First, Middle Initial) NOEL COLLIS Date of Receipt Mailing Address 811 SE 2ND ST 29 2015 Citv State Zip Code Transaction ID: SA11AI.5775 LITTLE FALLS MN 56345 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation **SELF DOCTOR** MEMO See Redesignation Receipt For: 2016 Election Cycle-to-Date | Primary General 4500.00 Other (specify) Full Name (Last, First, Middle Initial) G.M. ENGER Date of Receipt Mailing Address PO BOX 53 2015 30 City Zip Code State Transaction ID: SA11AI.5740 MN **BLUE EARTH** 56013 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation **SELF APPRAISER** Receipt For: 2016 Election Cycle-to-Date | Yrimary General

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NAME OF COMMITTEE (In Full)
FRIENDS OF HAGEDORN

NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN		
Full Name (Last, First, Middle Initial) GINA FITZSIMMONS		Date of Receipt
Mailing Address 54440 148TH ST		06 30 2015
City	State Zip Code	Transaction ID : SA11AI.5768
GOOD THUNDER	MN 56037	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation HOMEMAKER	2700.00
Receipt For: 2016	Election Cycle-to-Date	
Primary General Other (specify)	2700.00	
Full Name (Last, First, Middle Initial) MARIE FITZSIMMONS		Date of Receipt
Mailing Address 72515 237TH ST		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DASSEL	State Zip Code MN 55325	Transaction ID : SA11Al.5733
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation HOMEMAKER	2600.00
Receipt For: 2016	Election Cycle-to-Date	
Primary General Other (specify)	2600.00	
Full Name (Last, First, Middle Initial) PAT FITZSIMMONS	·	Date of Receipt
Mailing Address 72515 237TH ST		06 30 2015
City DASSEL	State Zip Code MN 55325	Transaction ID : SA11AI.5735
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	2600.00
PROTEIN SOURCES	FARM MANAGEMENT	
Receipt For: 2016 Receipt For: General	Election Cycle-to-Date	
Other (specify)	2600.00	
SUBTOTAL of Receipts This Page (optional)		7900.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) 11a 11b 11d 11c 12 13a 13b 14

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for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) PAUL FITZSIMMONS Date of Receipt Mailing Address 54440 148TH ST 06 2015 30 City State Zip Code Transaction ID: SA11AI.5769 MN 56037 **GOOD THUNDER** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 2700.00 Name of Employer Occupation **PROTEIN SOURCES PARTNER** Receipt For: 2016 Election Cycle-to-Date Primary General 2700.00 Other (specify) Full Name (Last, First, Middle Initial) JAMES HAGEDORN Date of Receipt Mailing Address PO BOX 63 05 04 2015 Citv State Zip Code Transaction ID: SA11AI.5671 **BLUE EARTH** MN 56013 FEC ID number of contributing Amount of Each Receipt this Period С H0MN01045 federal political committee. 10.00 Name of Employer Occupation Receipt For: 2016 Election Cycle-to-Date Primary General 5610.00 Other (specify) Full Name (Last, First, Middle Initial) JOHN HOLLERICH Date of Receipt Mailing Address 308 SMITH COURT 2015 30 City Zip Code State Transaction ID: SA11AI.5739 MN **MAPLETON** 56065 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 2700.00 Name of Employer Occupation PROTEIN SOURCES **PARTNER** Receipt For: 2016 Election Cycle-to-Date | Yrimary General Other (specify) 2700.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

PAGE 10 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c Detailed Summary Page 13a

		Statements may not be sold or used by any pe e name and address of any political committee		
	NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN			
Α.	Full Name (Last, First, Middle Initial) WHITNEY MACMILLAN Mailing Address PO BOX 5628, DEPT 28		Date of Receipt	
	Walling Address PO BOX 5628, DEPT 28		06 30 2015	
	City	City State Zip Code		
	MINNEAPOLIS	MN 55440	-	
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period	
	Name of Employer	Occupation RETIRED	1000.00	
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date		
— В.	Full Name (Last, First, Middle Initial) URBAN NEISEN		Date of Receipt	
υ.	Mailing Address 40486 E LONG LAKE		06 15 2015	
	City ST JAMES	State Zip Code MN 56081	Transaction ID : SA11AI.5709	
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period	
	Name of Employer	Occupation	250.00	
	SELF Receipt For: 2016	INSURANCE AGENT	-	
	Primary General Other (specify)	Election Cycle-to-Date		
<u> </u>	Full Name (Last, First, Middle Initial) JERRY PAPENFUSS		Date of Receipt	
Ο.	Mailing Address PO BOX 767		06 17 2015	
	City WINONA	State Zip Code MN 55987	Transaction ID : SA11AI.5766	
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period	
	Name of Employer WINONA RADIO	Occupation CEO	2700.00	
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 2700.00		
s	SUBTOTAL of Receipts This Page (optional)		3950.00	
	TOTAL This Period (last page this line number	only)		

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER:	PAGE	11 OF	34	
(check only one)					
X _{11a}	11b	11c	11d		
12	13a	13b	14	15	

Ar or	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN						
<u> —</u> А.	Full Name (Last, First, Middle Initial) PATRICIA PAPENFUSS		Date of Receipt				
Λ.	Mailing Address PO BOX 767		06 17 2015				
	City WINONA	State Zip Code MN 55987	Transaction ID : SA11AI.5767				
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period				
	Name of Employer WINONA RADIO	Occupation EXECUTIVE	2700.00				
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 2700.00					
В.	Full Name (Last, First, Middle Initial) RICHARD SALK		Date of Receipt				
	Mailing Address BOX 675		06 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City ALBANY	State Zip Code MN 56038	Transaction ID : SA11AI.5719				
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period				
	Name of Employer SELF	Occupation DOCTOR	2000.00				
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date					
— С.	Full Name (Last, First, Middle Initial) DANIEL SOHRE		Date of Receipt				
U.	Mailing Address 305 SMITH CT.	06 30 2015					
	City MAPLETON	State Zip Code MN 56065	Transaction ID : SA11AI.5748				
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period				
	Name of Employer Occupation PROTEIN SOURCES ACCOUNTANT		2700.00				
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 2700.00					
s	SUBTOTAL of Receipts This Page (optional)		7400.00				
Т	OTAL This Period (last page this line number	only)					

PAGE 12 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c Detailed Summary Page 13a 13b

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Mailing Address 40184 120TH ST City MABEL FEC ID number of contributing federal political committee. Name of Employer OWNER Receipt For: 2016 Primary Other (specify) Full Name (Last, First, Middle Initial) GARY STELIART State Zip Code MN 55954 Transaction ID: SA11Al.5676 Amount of Each Receipt this Period Amount of Each Receipt this Period 1600.00 Determine the second of the se			te name and address of any political committee	
A. TERESA SOHRE Malling Address 305 SMITH CT City MAPLETON MAPLETON MAPLETON MAPLETON MAPLETON Name of Contributing federal political committee. Name of Employer Potinary General Other (specify) FULL Name (Last, First, Middle Initial) GARY STEUART Receipt For: 2016 MARBEL Name of Employer City MARBEL Name of Employer Cocupation MN 55954 FEC ID number of contributing federal political committee. Name of Employer Cocupation NAME Receipt For: 2016 Primary General Other (specify) Cocupation NAME Receipt For: 2016 Primary General Other (specify) Cocupation Other (specify) Full Name (Last, First, Middle Initial) Committee Compation Other (specify) Cocupation NAME Cocupation Coving First, Middle Initial) Committee Cocupation Coving First, Middle Initial) Committee Cocupation Coving First, Middle Initial) Cocupation Coving First, Middle Initial Cocupation				
Mailing Address 305 SMITH CT City MAPLETON MIN 56065 FEC ID number of contributing federal political committee. Name of Employer Foul Name (Last, First, Middle Initial) City MABEL Mabet Ma	Δ			Date of Receipt
MAPLETON MN \$6065 FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2016 Primary General Other (specify) Full Name (Last, First, Middle Initial) B. GARY STEUART Mailing Address 40184 120TH ST City State Zip Code MN 55954 FEC ID number of contributing federal political committee. Name of Employer Owner STEUART LABORATORIES Federal For: 2016 Primary General Other (specify) Full Name (Last, First, Middle Initial) C C State Zip Code MN 55954 FEC ID number of contributing federal political committee. C C STEUART LABORATORIES Finance (Last, First, Middle Initial) C GARY STEUART C GARY STEUART C Malling Address 40184 120TH ST City State Zip Code MN 55954 FEC ID number of contributing federal political committee. Name of Employer Other (specify) C C State Zip Code MN 55954 Transaction ID : SA11AL5676 Amount of Each Receipt this Period Transaction ID : SA11AL5751		Mailing Address 305 SMITH CT		M M / D D / Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Cocupation HOMEMAKER		City		Transaction ID : SA11AI.5749
Receipt For: 2016		MAPLETON	MN 56065	-
Name of Employer Receipt For: 2016		· · · · · · · · · · · · · · · · · · ·	C	
Primary General Other (specify) 2700.00 Full Name (Last, First, Middle Initial) B. GARY STEUART Mailing Address 40184 120TH ST City MABEL MN 55954 Transaction ID : SA11AI.5676 Amount of Each Receipt this Period General Other (specify) City State Zip Code MN City Cit		Name of Employer		2700.00
B. GARY STEUART Mailing Address 40184 120TH ST City MABEL FEC ID number of contributing federal political committee. Name of Employer Other (specify) City State Zip Code MN 55954 Transaction ID : SA11AL5676 Amount of Each Receipt this Period Date of Receipt Transaction ID : SA11AL5676 Transaction ID : SA11AL5676 Transaction ID : SA11AL5676 Transaction ID : SA11AL5676 Amount of Each Receipt this Period Date of Receipt this Period Full Name (Last, First, Middle Initial) C. GARY STEUART City MABEL FEC ID number of contributing federal political committee. Name of Employer OWNER Receipt For: 2016 FILL Name of Employer Occupation STEUART LABORATORIES FEC ID number of contributing federal political committee. Name of Employer OWNER Receipt For: 2016 Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)		Primary General		
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Amount of Each Receipt this Period 1600.00 1600.00 1600.00		•	•	Transaction ID : SA11AI.5676
OWNER Receipt For: 2016 Primary General Other (specify) C. GARY STEUART Mailing Address 40184 120TH ST City MABEL FEC ID number of contributing federal political committee. Name of Employer OWNER Receipt For: 2016 Primary General C C State Zip Code MN 55954 FEC ID number of contributing federal political committee. Name of Employer OWNER Receipt For: 2016 Primary General Other (specify) STEUART LABORATORIES Election Cycle-to-Date Election Cycle-to-Date STEUART LABORATORIES Election Cycle-to-Date STEUART LABORATORIES Election Cycle-to-Date 4400.00		· · · · · · · · · · · · · · · · · · ·	С	
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Primary Other (specify) Cother (specify) Cothe			STEUART LABORATORIES	_
C. GARY STEUART Mailing Address 40184 120TH ST City MABEL FEC ID number of contributing federal political committee. Name of Employer OWNER Receipt For: 2016 Primary Other (specify) State Zip Code MN 55954 Transaction ID: SA11AI.5751 Amount of Each Receipt this Period 100.00 STEUART LABORATORIES Election Cycle-to-Date SUBTOTAL of Receipts This Page (optional).		Primary General		
Mailing Address 40184 120TH ST City MABEL FEC ID number of contributing federal political committee. Name of Employer OWNER Receipt For: 2016 Primary Other (specify) Subtotal of Receipts This Page (optional) Subtotal of Receipts This Page (optional) Amount of Each Receipt this Period Amount of Each Receipt this Period 100.00 29 7 2015 Transaction ID: SA11AI.5751 Amount of Each Receipt this Period 2700.00	_			Date of Receipt
MABEL FEC ID number of contributing federal political committee. Name of Employer OWNER Receipt For: 2016 Primary Other (specify) SUBTOTAL of Receipts This Page (optional). MN 55954 Amount of Each Receipt this Period Amount of Each Receipt this Period 2700.00 Amount of Each Receipt this Period 2700.00	C.	Mailing Address 40184 120TH ST		
Name of Employer OWNER Receipt For: 2016 Primary Other (specify) SUBTOTAL of Receipts This Page (optional) Amount of Each Receipt this Period Amount of Each Receipt this Period 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00 100.00		•		Transaction ID : SA11AI.5751
OWNER Receipt For: 2016 Primary General Other (specify) SUBTOTAL of Receipts This Page (optional) Occupation STEUART LABORATORIES Election Cycle-to-Date 2700.00		· · · · · · · · · · · · · · · · · · ·	C	Amount of Each Receipt this Period
Primary General 2700.00 SUBTOTAL of Receipts This Page (optional) 4400.00			· ·	100.00
SUBTOTAL of Receipts This Page (optional)		Primary General		
	Г			4400.00

FOR LINE NUMBER: **PAGE** (check only one) 11a 11b 11c

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Use separate schedule(s) for each category of the 11d Detailed Summary Page 12 13a 13b 14 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) STEVEN SYMMS Date of Receipt Mailing Address 517 C ST NE 06 2015 25 City State Zip Code Transaction ID: SA11AI.5727 DC 20002 WASHINGTON FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1000.00 Name of Employer Occupation PARRY, ROMANI, DECONCINI & SYM LEGISLATIVE CONSULTANT Receipt For: 2016 Election Cycle-to-Date Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **BRIAN WALETICH** Date of Receipt Mailing Address PO BOX 99 06 29 2015 City State Zip Code Transaction ID: SA11AI.5732 KASOTA MN 56050 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation **OWNER** WALETICH TRANSPORTATION Receipt For: 2016 Election Cycle-to-Date | Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) JOSEPH WEIS Date of Receipt Mailing Address 2227 7TH ST NW 2015 02 City State Zip Code Transaction ID: SA11AI.5679 MN **ROCHESTER** 55901 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation WEIS BUILDERS, INC **CHAIRMAN EMERITUS** Receipt For: 2016 Election Cycle-to-Date Y Primary General 250.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional).....

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Use separate schedule(s) for each category of the Detailed Summary Page

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	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN					
<u> </u>	Full Name (Last, First, Middle Initial) DUANE WILLIAMS		Date of Receipt			
Λ.	Mailing Address 115 E 4TH ST		06 30 2015			
	City	State Zip Code	Transaction ID : SA11AI.5747			
	BLUE EARTH	MN 56013				
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00			
	Name of Employer WILLIAMS ACCT & INSURANCE	Occupation ACCOUNTANT	200,00			
	Receipt For: 2016	Election Cycle-to-Date				
	Primary General Other (specify)	250.00				
В.	Full Name (Last, First, Middle Initial)		Date of Receipt			
Ь.	Mailing Address		M M / D D / Y Y Y Y			
	City	State Zip Code				
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period			
	Name of Employer	Occupation				
	Receipt For:	Election Cycle-to-Date				
	Primary General Other (specify)					
_	Full Name (Last, First, Middle Initial)		Date of Receipt			
C.	Mailing Address	M M / D D / Y Y Y Y				
	City	State Zip Code				
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period			
	Name of Employer	Occupation	,,			
	Receipt For:	Election Cycle-to-Date				
	Primary General Other (specify)	, ,				
S	SUBTOTAL of Receipts This Page (optional)		250.00			
Г	OTAL This Period (last page this line number		37560.00			

Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

mage# 201007 10000010-107			
SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 OF 34 (check only one) 11a 11b 11c X 11d 112 13a 13b 14 15
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN			
Full Name (Last, First, Middle Initial) JAMES HAGEDORN			Date of Receipt
Mailing Address PO BOX 63			06 30 2015
City BLUE EARTH	State MN	Zip Code 56013	Transaction ID : SA11D.5790
FEC ID number of contributing federal political committee.	С но	MN01045	Amount of Each Receipt this Period
Name of Employer	Occupation	n	In-kind - Mileage
Receipt For: 2016 Primary General Other (specify)	Election C	cycle-to-Date]
Full Name (Last, First, Middle Initial) JAMES HAGEDORN			Date of Receipt
Mailing Address PO BOX 63			06 30 2015
City BLUE EARTH	State MN	Zip Code 56013	Transaction ID : SA11D.5814
FEC ID number of contributing federal political committee.	С но	MN01045	Amount of Each Receipt this Period
Name of Employer	Occupation	n	In-kind - Postage, Office Supplies
Receipt For: 2016 Primary General Other (specify)	Election C	rycle-to-Date	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M M M / D D / Y Y Y Y Y
City	State	Zip Code	
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation	n	
Receipt For:	Election C	ycle-to-Date	

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SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 34 (check only one) 11a
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a	, , , ,	1 1
NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN		
Full Name (Last, First, Middle Initial) JAMES HAGEDORN		Date of Receipt

$\overline{/}$	NAME OF COMMITTEE (IN FUII) FRIENDS OF HAGEDORN		
Δ.	Full Name (Last, First, Middle Initial) JAMES HAGEDORN Mailing Address to Box as		Date of Receipt
	Mailing Address PO BOX 63		04 29 2015
	City BLUE EARTH	State Zip Code MN 56013	Transaction ID : SA13A.5681
	FEC ID number of contributing federal political committee.	С номмо1045	Amount of Each Receipt this Period
	Name of Employer	Occupation	2600.00
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 5600.00	
В.	Full Name (Last, First, Middle Initial) JAMES HAGEDORN		Date of Receipt
	Mailing Address PO BOX 63	State 7in Code	05
	City BLUE EARTH	State Zip Code MN 56013	Transaction ID : SA13A.5685
	FEC ID number of contributing federal political committee.	C H0MN01045	Amount of Each Receipt this Period
	Name of Employer	Occupation	1500.00
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 7110.00	
	Full Name (Last, First, Middle Initial) JAMES HAGEDORN		Date of Receipt
	Mailing Address PO BOX 63		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City BLUE EARTH	State Zip Code MN 56013	Transaction ID : SA13A.5818
	FEC ID number of contributing federal political committee.	С номмо1045	Amount of Each Receipt this Period
	Name of Employer	Occupation	683.52 Postage and Domain Name Registration to be
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 7793.52	reimbursed
SI	4783.52		
T	OTAL This Period (last page this line number o	, ,	

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NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN		
Full Name (Last, First, Middle Initial) JAMES HAGEDORN Mailing Address PO BOX 63 City BLUE EARTH FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2016 Primary General Other (specify)	State Zip Code MN 56013 C H0MN01045 Occupation Election Cycle-to-Date 11593.52	Date of Receipt M M M / D D / 2015 Transaction ID : SA13A.5770 Amount of Each Receipt this Period 3800.00 LOAN
Full Name (Last, First, Middle Initial) 3. Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation Election Cycle-to-Date	Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation Election Cycle-to-Date	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	3800.00 8583.52	

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)

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 $|X|_{14}$ 12 13a Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) CHARTER MEDIA Date of Receipt Mailing Address 15025 GLAZIER AVE 2015 23 SUITE 201 City State Zip Code Transaction ID: SA14.5680 MN 55124 APPLE VALLEY FEC ID number of contributing Amount of Each Receipt this Period C federal political committee. 333.70 Name of Employer Occupation Receipt For: 2014 Election Cycle-to-Date Primary X General 333.70 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee.

	·		
Ī	lame of Employer	Occupation	, ,
F	Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
F	ull Name (Last, First, Middle Initial)		Date of Receipt
	failing Address	State Zip Code	M M / D D / Y Y Y Y Y
	EC ID number of contributing ederal political committee.	C	Amount of Each Receipt this Period
N	lame of Employer	Occupation	, ,
F	Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
SU	BTOTAL of Receipts This Page (optional)	333.70	

TOTAL This Period (last page this line number only).....

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 19 OF 34 (check only one) X 17
	ly information copied from such Reports and Statements m for commercial purposes, other than using the name and a			
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN			
Α.	Full Name (Last, First, Middle Initial) ANEDOT			Date of Disbursement
	Mailing Address 5555 HILTON AVE SUITE 106			06 30 2015
	City State BATON ROUGE LA	Zip Code 70808		Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD FEES			375.66 Transaction ID : SB17.5765
	Candidate Name		Category/ Type	
	Office Sought: House Senate President Disbursement Form Primary Other (s	General	, , , , , , , , , , , , , , , , , , ,	
_	State: District: Full Name (Last, First, Middle Initial)			
В.	BLUE EARTH GRAPHICS Mailing Address 113 NORTH MAIN ST			Date of Disbursement O5 19 2015
	City State	Zip Code		
	BLUE EARTH MN	56013		Amount of Each Disbursement this Period
	Purpose of Disbursement PRINTING			281.08 Transaction ID : SB17.5686
	Candidate Name		Category/ Type	Transaction ib . 3517.3000
	Office Sought: House Senate President Disbursement Form Primary Other (s	General		
	State: District:			
C.	Full Name (Last, First, Middle Initial) MICHAEL BRYAN			Date of Disbursement
	Mailing Address 1500 OLD COMPTON ROAD			05 / D D / Y Y Y Y Y 2015
		Code 3238		Amount of Each Disbursement this Period
	Purpose of Disbursement WEB DESIGN			1000.00
	Candidate Name		Category/ Type	Transaction ID : SB17.5688

Office Sought:

State:

House

Senate

District:

President

Disbursement For: 2016 Primary

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Other (specify)

General

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE 20 34 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) Date of Disbursement JAMES HAGEDORN 2015 Mailing Address PO BOX 63 06 30 City State Zip Code Amount of Each Disbursement this Period MN **BLUE EARTH** 56013 Purpose of Disbursement 2000.00 In-kind - Mileage Transaction ID: SB17.5791 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President MN State: District: Full Name (Last, First, Middle Initial) JAMES HAGEDORN Date of Disbursement Mailing Address PO BOX 63 06 30 2015 City State Zip Code Amount of Each Disbursement this Period MN **BLUE EARTH** 56013 Purpose of Disbursement 354.91 In-kind - Postage, Office Supplies Transaction ID: SB17.5815 Candidate Name Category/ Type Disbursement For: Office Sought: 2016 House Senate Primary General Other (specify) President State: MN District: Full Name (Last, First, Middle Initial) Date of Disbursement C. P2B STRATEGIES Mailing Address 4750 E 53RD ST 04 2015 29 SUITE 206 City Zip Code State Amount of Each Disbursement this Period **MINNEAPOLIS** MN 56001 Purpose of Disbursement CAMPAIGN CONSULTANT 2000.00 Transaction ID : SB17.5684 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District: 4354.91 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	NUMBER	R:	P	4GE	21	OF	34
Use separate schedule(s)	(check on	ly one)						
for each category of the Detailed Summary Page	X]17 [18		19a		19k
Detailed Suffillary Fage		20a	2	20b		20c		21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) Date of Disbursement P2B STRATEGIES 2015 Mailing Address 4750 E 53RD ST 05 15 SUITE 206 City State Zip Code Amount of Each Disbursement this Period MN **MINNEAPOLIS** 56001 Purpose of Disbursement CAMPAIGN CONSULTANT 4000.00 Transaction ID: SB17.5778 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) P2B STRATEGIES Date of Disbursement Mailing Address 4750 E 53RD ST 06 12 2015 SUITE 206 City State Zip Code Amount of Each Disbursement this Period MN 56001 **MINNEAPOLIS** Purpose of Disbursement 4000.00 CAMPAIGN CONSULTANT Transaction ID: SB17.5761 Candidate Name Category/ Type Disbursement For: Office Sought: House 2016 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) C. UNITED STATES POSTAL SERVICE Date of Disbursement Mailing Address 06 08 2015 City State Zip Code Amount of Each Disbursement this Period **BLUE EARTH** 56013 MN 540.70 Purpose of Disbursement POSTAGE Transaction ID : SB17.5821 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District: 8540.70 SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	Detailed Summa	ry Page	20a 20b 20c 21			
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
\rangle	NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN					
	Full Name (Last, First, Middle Initial)					
۹.	VERIZON WIRELESS		Date of Disbursement			
	Mailing Address PO BOX 4002		06 18 2015			
	City State Zip Code ACWORTH GA 30101		Amount of Each Disbursement this Period			
	Purpose of Disbursement TELEPHONE		205.61			
	Candidate Name	Category/ Type	Transaction ID : SB17.5763			
	Office Sought: House Senate President Disbursement For: 2016 Primary Other (specify)	1 70-				
	State: District:					
3.	Full Name (Last, First, Middle Initial)		Date of Disbursement			
	Mailing Address					
	City State Zip Code		Amount of Each Disbursement this Period			
	Purpose of Disbursement					
	Candidate Name	Category/ Type				
	Office Sought: House Senate President Disbursement For: Primary Other (specify) State: District:					
	Full Name (Last, First, Middle Initial)					
Э.			Date of Disbursement			
	Mailing Address		M M / D D / Y Y Y			
	City State Zip Code		Amount of Each Disbursement this Period			
	Purpose of Disbursement		L,,			
	Candidate Name	Category/ Type				
	Office Sought: House Disbursement For: General Other (specify)					
s	UBTOTAL of Disbursements This Page (optional)		205.61			
	OTAL This Period (last page this line number only)		14757.96			
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30	CHEDULE B (FEC Form 3)	Use separate schedule(s) for each category of the		FOR LINE NUMBER: PAGE 23 OF 34		
	EMIZED DISBURSEMENTS			(check only one)		
	EMIZED DISBURSEMENTS	Detailed Summary	Page	17 18 19a 19b 20a X 21		
	y information copied from such Reports and Statements r for commercial purposes, other than using the name and			person for the purpose of soliciting contributions		
\	NAME OF COMMITTEE (In Full)					
\rangle	FRIENDS OF HAGEDORN					
	Full Name (Last, First, Middle Initial)					
۸.	P2B STRATEGIES			Date of Disbursement		
	Mailing Address 4750 E 53RD ST			04 29 2015		
	SUITE 206					
	City State	Zip Code		Amount of Each Disbursement this Period		
	MINNEAPOLIS MN	56001		4074.00		
	Purpose of Disbursement CAMPAIGN CONSULTANT			1071.99		
	Candidate Name			Transaction ID : SB21.5807		
	ourisidate Harris		Category/ Type			
	Office Sought: House Disbursement Fo	r: 2014	7.			
	Senate Primary					
		specify)				
_	State: District: Full Name (Last, First, Middle Initial)					
,				Date of Disbursement		
3.				M M / D D / Y Y Y		
	Mailing Address					
	City State	Zip Code				
	only only	p		Amount of Each Disbursement this Period		
	Purpose of Disbursement			7		
	Candidate Name					
			Category/ Type	·		
	Office Sought: House Disbursement Fo					
		specify)				
	State: District:	. ,,				
	Full Name (Last, First, Middle Initial)					
Э.				Date of Disbursement		
	Mailing Address			M M / D D / Y Y Y		
	Walling Address					
	City State Z	Amount of Each Disbursement this Period				
Purpose of Disbursement						
	Turpose of Dispursement					
	Candidate Name		Category/	, d		
			Type			
	Office Sought: House Disbursement Fo					
	Senate Primary President Other (General (Specify)				
	State: District:	Specify)				
9	IIRTOTAL of Disbursements This Page (optional)			1071.99		

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Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4646 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary JAMES HAGEDORN General Mailing Address Other (specify) ulletPO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 07^M ^D29^D ž014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4647 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary JAMES HAGEDORN General Mailing Address Other (specify) ulletPO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3500.00 0.00 3500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D30 ^M 07^M ž014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.4661 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary JAMES HAGEDORN General Mailing Address Other (specify) ulletPO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M08^M 05 ž014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 6000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.5310 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary JAMES HAGEDORN ★ General Mailing Address Other (specify) \blacktriangledown PO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 7500.00 0.00 7500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 10^M ^D24 ž014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 7500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.5627 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary JAMES HAGEDORN ★ General Mailing Address Other (specify) \blacktriangledown PO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= М} ^D10^D ž014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: SC/10.5633 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary JAMES HAGEDORN ★ General Mailing Address Other (specify) \blacktriangledown PO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= М} ^D 17 ž014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: SC/10.5681 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary JAMES HAGEDORN General Mailing Address Other (specify) ulletPO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2600.00 0.00 2600.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 ^M 04^M 2015 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 2600.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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Detailed Summary Page Transaction ID: SC/10.5685 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary JAMES HAGEDORN General Mailing Address Other (specify) ulletPO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M 05^M 2015 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.5818 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary JAMES HAGEDORN General Mailing Address Other (specify) ulletPO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 683.52 0.00 683.52 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M06^M 08 2015 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 683.52 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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(check only one) Detailed Summary Page Transaction ID: SC/10.5770 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary JAMES HAGEDORN General Mailing Address Other (specify) ulletPO BOX 63 State ZIP Code City MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3800.00 0.00 3800.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 06^M ^D12 2015 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 3800.00 TOTALS This Period (last page in this line only) 31583.52 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 34 OF
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(check only one)

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NAME OF COMMITTEE (In Full)

FRIENDS OF HAGED	ORN		
A. Full Name (Last, First, Middle Initial) of Deb			Nature of Debt (Purpose): CAMPAIGN CONSULTANT
Mailing Address 4750 E 53RD ST SUITE 206			
City State MINNEAPOLIS	Zip Code MN	56001	
Outstanding Balance Beginning This Period			Transaction ID : SD10.5632
9 9 9	_		
Amount Incurred This Period 0.00	Paym	ent This Period 0.00	Outstanding Balance at Close of This Period 1071.99
B. Full Name (Last, First, Middle Initial) of Debt P2B STRATEGIES	or or Creditor		Nature of Debt (Purpose):
Mailing Address 4750 E 53RD ST SUITE 206			
City State MINNEAPOLIS	Zip Code MN	56001	
Outstanding Balance Beginning This Period 0.00			Transaction ID : SD10.5812
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
-1071.99		0.00	-1071.99
C. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor		Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	
Outstanding Balance Beginning This Period			
Amount Incurred This Period	Paym	ent This Period	Outstanding Balance at Close of This Period
SUBTOTALS This Period This Page (optional)			0.00
2) TOTALS This Period (last page this line numb	er only)		0.00
3) TOTAL OUTSTANDING LOANS from Schedul	e C (last page only	/)	•
4) ADD 2) and 3) and carry forward to appropria	te line of Summar	y Page (last page only)	>